

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034553

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 521. **FILED OCT 9 1962**

a. COUNTY

Holt

b. CITY (If outside corporate limits, give TOWNSHIP only)

Oregon

Length of stay in lb

4 days

c. FULL NAME OF (If NOT in hospital, give location)

Browne Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Andrew

admission)

c. CITY

OR

TOWN

Fillmore

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles Adam Simerly

4. DATE

OF

DEATH

Month

Day

Year

October 1, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-9-77

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (City and state or country)

Fillmore, Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

William Simerly

13b. MOTHER'S MAIDEN NAME

Dora Killen

14. NAME OF HUSBAND OR WIFE

Lula Simerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Lola Hatcher, Fillmore, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary emboli with infarction, left
lower lobe

INTERVAL BETWEEN

ONSET AND DEATH

9-15-62

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a) Metastatic Carcinoma of the

lungs, probably due to Carcinoma of the Prostate. /

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Arterio-sclerotic heart disease.

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-1-61

to 10-1-62

and last saw him alive on

9-28-62

Death occurred at

10:15 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

10-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

10-1-62

23c. NAME OF CEMETERY OR CREMATORY

Fillmore Cemetery

23d. LOCATION (City, town, or county)

Fillmore, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

BREIT & HAWKINS

SAVANNAH

25. DATE RECD. BY LOCAL REG.

10-6-1962

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0440

2 0020

3

4 0

5 1

6

7 V

8 0

9 177X

10

11

12 86-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.